

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539110

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1		1			
23		21		1		
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25		1		1		
26		21		1		
27		21		1		
28		21		1		
29		21		1		
30		21		1		
31		21		1		
32		21		1		
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34		21		1		
35		21		1		
36		1		1		
37		21		1		
38		21		1		
39		1		1		
40	1		1			
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
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96						
97						
98						
99						
100						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	331	←	51	←		←
TOTAL CLAIMS	381		56			